We need to rethink global spending priorities

The Alma-Ata declaration, signed by 134 countries in 1978, was a landmark for public health. It recognised that the ‘attainment of health by people in one country directly concerns and benefits every other country’, and that economic and social development, alongside improved access to primary healthcare, is critical to attaining health for all.

However, as we approach its 40th anniversary, many health systems remain fragmented and hospital-centric, increasingly weakened by workforce shortages and overwhelmed by chronic conditions.

The International Council of Nurses is one of a number of organisations in a new network brought together by the World Health Organization to focus on the ‘how’ of health system reform. Hospitals risk becoming monuments to disease unless they are better integrated with primary and community services. Nurses – who are at the forefront of changing practice worldwide – are key to this successful transformation.

In 1978 the Alma-Ata declaration noted that countries were committing vast resources to weapons and defence.

It is time to renew the challenge to political leaders for a better use of world resources and for a commitment to peace that would also release funding for health.

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Should patients complete the course?

Update yourself on the recent debate on taking antibiotics

In a recent article in the British Medical Journal (BMJ), a group of experts including infectious disease specialists and microbiologists discussed whether patients should stop taking antibiotics when they feel better.

They argued there is little evidence that failing to complete a prescribed course of antibiotics contributes to antimicrobial resistance, and advice to complete the course should be dropped. This contradicts what professionals, backed by the World Health Organization, tell patients.

Although the BMJ article was based on the results of randomised clinical trials and observational cohort studies, we still need to be cautious about changing current advice on the basis of one paper.

In future, we may be able to tailor antibiotic use to specific patient needs and better monitor how infections are clearing up, but we are not there yet.

If patients stop taking antibiotics based on this research and then new research shows this is not the best course of action, the advice would have to be changed back, causing confusion and creating public health issues.

More research

Antibiotic resistance is becoming a major problem worldwide, and the way we prescribe and use antibiotics has to change. Antibiotics are also a finite resource, and this paper certainly highlights a potential way forward.

However, as the authors of the paper recognise, more research and clinical trials are needed to determine the most effective strategies for optimising the duration of antibiotic treatments, and it is essential that funding is found for such research.

In the meantime, healthcare staff should continue with the advice we currently give, which is to finish the whole course of antibiotics. Anything else would give patients mixed messages and cause confusion.

Matt Griffiths is visiting professor of prescribing and medicines management at Birmingham City University

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